

**New Jersey Department of Health and Senior Services
Office of Boards and Council / Institutional Review Board
PO Box 360
Trenton, NJ 08625-0360
609-292-9382**

RE-REVIEW OF PREVIOUSLY APPROVED RESEARCH

This form is to be completed and submitted to the above address annually until the study is completed.

Title of Study or Project	ID Number
Name of Principal Investigator	Telephone Number
Address	E-Mail Address
Name of Department of Health and Senior Services Collaborator, if included in study and different from Principal Investigator	Telephone Number
Address	E-Mail Address

Complete **EITHER** Section I or Section II.

Section I - This study does **NOT** require re-review because:

- ☐ It is no longer in progress.
- ☐ It was never started.
- ☐ It was recently re-reviewed on (date): / /
- ☐ Other (Specify): _____

Section II - For studies that require re-review.

1. Does this study **ONLY** involve analysis of existing data, without involving informed consent?
☐ Yes ☐ No
If Yes, skip to Question 2; if No, continue with (a):
 - a. How many subjects have entered into the study? _____
 - b. Have there been any changes in the informed consent forms?
☐ Yes ☐ No *If Yes, please submit a copy of the revised forms.*
2. Have you received or are you aware of any adverse events or unanticipated problems involving risks to subjects or others, including breach of confidentiality, withdrawal of study subjects, or complaints about the study?
☐ Yes ☐ No *If Yes, please describe on an attached sheet.*
3. Have there been any significant changes from the original protocol, including a change in the Principal Investigator?
☐ Yes ☐ No *If Yes, please describe on an attached sheet.*
4. **Attach a brief progress report and a copy of the current consent form, if a consent form is used for this study.**

Signature of Principal Investigator	Date
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